

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/544525

FILING DATE

4.6.00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4		2				
5		2				
6		1				
7		1				
8		1				
9		1				
10		1				
11	1					
12		2				
13		2				
14		1				
15	1					
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		2				
23		2				
24		2				
25		2				
26		1				
27		1				
28		1				
29		1				
30	1					
31		1				
32		1				
33	1					
34	1					
35	1					
36		3				
37		3				
38		3				
39		3				
40		1				
41		1				
42		1				
43	1					
44		1				
45	1					
46		1				
47		1				
48		1				
49		1				
50						
TOTAL IND.	11					
TOTAL DEP.		54				
TOTAL CLAIMS	65					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						